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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 127800001		CITY OR TOWN	TISBURY	
APPLICATION FOI	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS			NC		
ADDRESS 20 Beach		O TAVERN			
			ZID CODE	02560 060	
CITY/TOWN: TIS		STATE: MA	ZIP CODE:	02568-060	
MANAGER: HAR	T, WILLIAM TYI	PE OF LICENSE: Re	staurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
FREE STANDING I AND TWO RESTRO			the state of the s		AREA
	ses are now open for	all laws of the Combusiness (If not expl	ain below)	to taxes; and	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
Acts of 2004, signed	d by the building in	in possession (1) th spector and the head liability insurance r	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: Language of the control	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 127800002	(CITY OR TOWN TISBURY	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	ME: THE MANSION I	HOUSE LLC		
DOING BUSIN	ESS A ZEPHRUS			
ADDRESS 9 M	AIN ST			
CITY/TOWN:	TISBURY	STATE: MA	ZIP CODE: 02568-06	0
	GOLDSTEIN, NILI TYI BETH	PE OF LICENSE: Resta	urant CATEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION	OF LICENSED PREMI	SES:		
KITCHEN, STO		MENT, TWO BATHS,	AND PORCH FOR DINNER FOUR PRIVATE FUNCTIC ECK	
I hereby certify	and swear under penalties	of perjury that:		
1. the re	enewed license will be of	the same type for the sa	ame premises now licensed;	
2. the li	censee has complied with	all laws of the Commo	nwealth relating to taxes; and	
3. the p	remises are now open for	business (If not explain	n below)	
SIGNED BY:	Individual Partner	or Authorized Corpora	ute Officer	
	marviduai, i artiici	of Addionized Corpora	ite Officer	
DATE:	TELEDION	TE MA ADED	EMPLOYER IDENTIFICA	TION NUMBER.
DITIE.	TELEPHON	IE NUMBER:	(Note: NOT Individual Social	
Acts of 2004, s	igned by the building in	spector and the head o	certificate required by Chap of the fire department for tho Juired by Chapter 116 of the	e above named
Please Check Belov	- v:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE	D:		•	
(If disapproved	explain)			
			-	
DATE.				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 127800004		CITY OR TOWN	TISBURY	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: BLACK DOG TAVERN	COMPANY, IN	NC		
DOING BUSINESS A BLACK DOG BAKER	Y/CAFÉ			
ADDRESS 509 STATE RD				
CITY/TOWN: TISBURY S'	TATE: MA	ZIP CODE:	02568-060	
MANAGER: LAUTTANZIO, TYPE OF KATHLEEN KILEY	LICENSE: Rest	aurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
ONE ROOM ON GROUND FLOOR, DINIG A STORAGE AREA AND TWO RESTROOMS, EXITS				
I hereby certify and swear under penalties of per	rjury that:			
1. the renewed license will be of the sai	me type for the s	same premises now	licensed;	
2. the licensee has complied with all lar		ě	o taxes; and	
3. the premises are now open for busine	and (If not avalo	1 1 \		
or the premises are now open for each	ess (II not expiai	in below)		
	ess (II not explai	in below)		
SIGNED BY: Individual, Partner or Au		<u> </u>		
SIGNED BY:		<u> </u>		
SIGNED BY: Individual, Partner or Au	uthorized Corpor	ate Officer		
SIGNED BY:	uthorized Corpor	ate Officer	R IDENTIFICAT lividual Social Se	
SIGNED BY: Individual, Partner or Au	athorized Corpor MBER: ssession (1) the or and the head	EMPLOYER (Note: NOT Ind	lividual Social	er 304 of the above named
SIGNED BY: Individual, Partner or Au DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto license and (2) the certificate of liquor liabili Please Check Below:	athorized Corpor MBER: ssession (1) the or and the head	EMPLOYER (Note: NOT Ind	ed by Chapte ment for the r 116 of the A	er 304 of the above named Acts of 2010.
SIGNED BY: Individual, Partner or Au DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto license and (2) the certificate of liquor liabili Please Check Below: APPROVED:	athorized Corpor MBER: ssession (1) the or and the head	EMPLOYER (Note: NOT Indicertificate required of the fire departing quired by Chapte	ed by Chapte ment for the r 116 of the A	er 304 of the above named Acts of 2010.
SIGNED BY: Individual, Partner or Au DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto license and (2) the certificate of liquor liabili Please Check Below: APPROVED: DISAPPROVED:	athorized Corpor MBER: ssession (1) the or and the head	EMPLOYER (Note: NOT Indicertificate require of the fire departiquired by Chapte	ed by Chapte ment for the r 116 of the A	er 304 of the above named Acts of 2010.
SIGNED BY: Individual, Partner or Au DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto license and (2) the certificate of liquor liabili Please Check Below: APPROVED:	athorized Corpor MBER: ssession (1) the or and the head	EMPLOYER (Note: NOT Indicertificate require of the fire departiquired by Chapte	ed by Chapte ment for the r 116 of the A	er 304 of the above named Acts of 2010.
SIGNED BY: Individual, Partner or Au DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto license and (2) the certificate of liquor liabili Please Check Below: APPROVED: DISAPPROVED:	athorized Corpor MBER: ssession (1) the or and the head	EMPLOYER (Note: NOT Indicertificate require of the fire departiquired by Chapte	ed by Chapte ment for the r 116 of the A	er 304 of the above named Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 12/800006		CITY OR TOW	N HSDUKI	
APPLICATION FO	OR RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: SULLO/PANTA	LONE INC.			
DOING BUSINESS	S A ROCCO'S PIZZ	ZERIA			
ADDRESS 79 BEA	ACH ROAD				
CITY/TOWN: TIS	SBURY	STATE: MA	ZIP CODE:	02568-060)
MANAGER: PAN	NTALONE, T RISTOPHER	YPE OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	J:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
60 SEATS IN RES	ΓAURANT				
I hereby certify and	swear under penalti	es of perjury that:			
1. the renev	wed license will be	of the same type for the	e same premises n	ow licensed;	
2. the licen	see has complied w	ith all laws of the Con	nmonwealth relatin	g to taxes; and	
3. the prem	nises are now open f	or business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLO	YER IDENTIFICA	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersign	ad attact that was	re in possession (1) t	ha cartificata roca	sired by Chant	for 304 of the
		inspector and the hea			
license and (2) the	certificate of liquo	or liability insurance	required by Chap	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 127800009		CITY OR TOV	VN TISBURY	
APPLICATION	FOR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAI	ME: LE BISTRO,INC.				
DOING BUSIN	ESS A LE GRENIER				
ADDRESS 82 N	MAIN STREET				
CITY/TOWN:	TISBURY	STATE: MA	ZIP CODE	: 02568-060)
MANAGER:]	DUPON, MICHELE TY	PE OF LICENSE:Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR F	MAIL ADDRESS		_
	OF LICENSED PREMI				
REST. OFF MA	ON SECOND STORY IN STREET.REST.ARI AND TWO PRIVATE I	EA IS APPROX.2426			
I hereby certify a	and swear under penaltie	s of perjury that:			
1. the re	enewed license will be of	the same type for the	e same premises i	now licensed;	
2. the li	censee has complied wit	h all laws of the Com	monwealth relati	ng to taxes; and	
3. the p	remises are now open fo	r business (If not exp	lain below)		
SIGNED BY:	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NO)	Γ Individual Social S	Security Number)
	igned, attest that we ar igned by the building ir				
license and (2)	the certificate of liquor	liability insurance	required by Cha	pter 116 of the	Acts of 2010.
Please Check Below	<u>v:</u>		LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVEI (If disapproved of					
(11 disapproved (capium)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1278000	11	CITY OR TOWN	TISBURY	
APPLICATION FOR RENEW	AL: Annual	LICEN	SED FOR 2013	3
	CLASS		Y	EAR
LICENSEE NAME: LITTLE	HOUSE CAFÉ INC.			
DOING BUSINESS A LITTL	E HOUSE CAFÉ			
ADDRESS 339 STATE ROAD)			
CITY/TOWN: TISBURY	STATE: MA	ZIP CODE:	02568-060	
MANAGER: MUNAFO, JEN	NIK K.TYPE OF LICENSE:Re	estaurant CA		Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF LICENSEI				
31 SEAT RESTAURANT IN S	STAND-ALONE BUILDING	ON FIRST FLOOR		
I hereby certify and swear unde	r penalties of perjury that:			
1. the renewed license	will be of the same type for the	e same premises now	licensed;	
2. the licensee has com	plied with all laws of the Com	monwealth relating to	taxes; and	
3. the premises are now	v open for business (If not exp	lain below)		
SIGNED BY:				
Individu	al, Partner or Authorized Corp	orate Officer		
DATE: TE	ELEPHONE NUMBER:		DENTIFICATIO	
		(Note: NOT Ind	ividual Social Secu	urity Number)
We the undersigned, attest the Acts of 2004, signed by the bulicense and (2) the certificate	uilding inspector and the hea	d of the fire departr	nent for the al	oove named
Please Check Below:		LOCAL LICENS	ING AUTHOR	RITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				 ,
				
DATE:				
D111L.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 127800012	(CITY OR TOWN	TISBURY	
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		,	YEAR
DOING BUSINESS					
ADDRESS 395 STA					
CITY/TOWN: TIS	BURY	STATE: MA	ZIP CODE:	02568-060	
MANAGER: SPOW.	ONER, DAVID TYPE ()F LICENSE: Resta	urant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT		IL ADDRESS		
	LICENSED PREMISES TH 50 SEATS; 44 INSIL Q. FT		ATIO. ONE MAIN	I ENTRANC	E/EXIT.
 the renew the licens 	swear under penalties of proved license will be of the see has complied with all sees are now open for bush	same type for the sa laws of the Commo	nwealth relating to		
SIGNED BY:	Individual, Partner or A	Authorized Corpora	ate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Acts of 2004, signe	d, attest that we are in p d by the building inspec certificate of liquor liab	tor and the head o	of the fire departn	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHC	ORITY
DATE:					